DIGEST

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SB 264 Engrossed	2018 Regular Session	Carter
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<u>Present law</u> provides for training of emergency medical personnel. <u>Proposed law</u> retains <u>present law</u> and adds thereto the following defined terms and corresponding definitions:

- (1) "Public safety agency" means a functional division of a public or private agency which provides firefighting, police, medical, or other emergency services.
- (2) "Public safety telecommunicator" means an individual answering 911 emergency medical condition calls on behalf of a public safety agency who has authority, based on a protocol adopted by the agency, to provide telephone cardiopulmonary resuscitation instructions to a caller before arrival of professional medical assistance by first responders.

<u>Present law</u> grants civil immunity to emergency medical services practitioners, parish governing authorities, police departments, sheriffs' offices, fire departments, or other public agencies engaged in rendering emergency medical services. <u>Proposed law</u> retains <u>present law</u>.

<u>Proposed law</u> provides that no public safety telecommunicator who instructs a caller on telephone cardiopulmonary resuscitation, referred to hereafter as "T-CPR", shall be liable for any civil damages arising out of the instruction provided to the caller, except for acts or omissions intentionally designed to harm, or for grossly negligent acts or omissions that result in harm to an individual. <u>Proposed law</u> provides that a caller may decline T-CPR instruction and that once declined, the public safety communicator has no obligation to provide the instruction.

<u>Proposed law</u> provides that a public safety agency is not required to have public safety telecommunicators answer 911 calls.

<u>Proposed law</u> requires public safety telecommunicators to be trained in T-CPR utilizing training that meets or exceeds nationally recognized emergency cardiovascular care guidelines. Provides that the training, at minimum, shall incorporate recognition protocols for out-of-hospital cardiac arrest, compression-only CPR instructions for callers, and continuing education as appropriate.

<u>Proposed law</u> requires public safety agencies in parishes with a population of more than 100,000 to ensure that 911 calls being answered by public safety telecommunicators have T-CPR training by Jan. 1, 2019. Stipulates that <u>proposed law</u> shall not apply to any parish with a population equal to or less than 100,000.

<u>Proposed law</u> authorizes public safety agencies to enter into reciprocal agreements with other public safety agencies to provide T-CPR, on the condition that the agency accepting the call has a public safety telecommunicator who is trained in T-CPR as provided by <u>proposed law</u>.

<u>Proposed law</u> requires the bureau of emergency medical services of the La. Department of Health (LDH) to identify all public and private agencies, institutions, and individuals that are or may be engaged in T-CPR training and establish minimum standards for course approval, instruction, and examination. Requires LDH to implement an efficient mechanism for the bureau to maintain the names of public safety communicators and receive certificates of completion for the training course required in proposed law.

<u>Proposed law</u> requires LDH to adopt administrative rules as necessary to implement the provisions of <u>proposed law</u>.

Proposed law provides that proposed law may be referred to as the Spencer Washington Act.

(Amends R.S. 40:1131(21) and 1131.1(D); Adds R.S. 40:1131(22) and (23), 1133.13(F) and (G), and 1133.16)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

- 1. Adds definition for "public safety agency" and revises the definition for "public safety telecommunicator".
- 2. Clarifies that a caller may decline T-CPR and if so, the public safety telecommunicator has no obligation to provide the instruction.
- 3. Provides that each public safety agency adopt a protocol to identify certain individuals answering 911 emergency medical condition calls as public safety telecommunicators and gives timelines for securing T-CPR training.
- 4. Provides that public safety agencies are not liable for having non-public safety telecommunicators answer 911 emergency calls.
- 5. Provides implementation of public safety telecommunicator training requirements based on the latest federal decennial such that parishes with a population of more than 100,000 must comply by January 1, 2019; 50,000 100,000 by January 1, 2020; and below 50,000 by January 1, 2021.
- 6. Provides that LDH implements an efficient mechanism to record the identity of the public safety telecommunicators and record compliance with the T-CPR training.

Summary of Amendments Adopted by House

- The Committee Amendments Proposed by <u>House Committee on Health and Welfare</u> to the <u>engrossed</u> bill:
- 1. Stipulate that certain training required by <u>proposed law</u> shall meet or exceed nationally recognized guidelines.
- 2. Provide that <u>proposed law</u> shall not apply to any parish with a population equal to or less than 100,000.
- 3. Provide that <u>proposed law</u> may be referred to as the Spencer Washington Act.